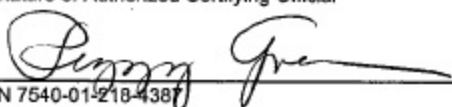


# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>General Services Administration</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>710847443470000</b>		OMB Approval No. <b>0348-0038</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Charlie Daniels Secretary of State</b>					
4. Employer Identification Number <b>710847443</b>		5. Recipient Account Number or Identifying Number <b>31050038861-101</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>4/15/2003</b>		To: (Month, Day, Year) <b>12/31/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>1/1/2004</b>	
				To: (Month, Day, Year) <b>12/31/2004</b>	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		89,544.63	394,269.96	483,814.59	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		89,544.63	394,269.96	483,814.59	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				483,814.59	
h. Total Federal funds authorized for this funding period				3,593,164.00	
i. Unobligated balance of Federal funds(Line h minus line g)				3,109,349.41	
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  No indirect expense and no formal award letter regarding Grant Period.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title  Peggy Gram, Chief Deputy Secretary of State			Telephone (Area code, number and extension)  (501) 682-1010		
Signature of Authorized Certifying Official  			Date Report Submitted  February 28, 2006		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

Amended